

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: 12/29/08	POLICY NO.: COR.10.1G.10
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10.1G.11 (05/06/2003)	
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1.0 PURPOSE

To purpose of this policy is to establish guidelines for the purchase of medically indicated prostheses, orthosis and mechanical devices.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correction Health Care, Standards for Health Services in Prisons and Jails (2008).
- c. American Correctional Association, Standards for Adult Correctional Institutions

.2 Definitions

- a. Prosthesis: Artificial devices to replace missing body parts or augment the function of a natural function such as a hearing aid.
- b. Orthosis/Orthotic Devices: appliances for the immobilization or stabilization of a body part to prevent deformity, protect against injury or assist with function can include slings, splints, braces, etc.
- c. Mechanical Device: wheelchairs, patient lifts, motorized assistive devices
- d. Assistive Device: Any single or combination of prosthetic, orthosis or mechanical devices that assist a person in

3.0 POLICY

- .1 Physicians and dentists may prescribe medically necessary prosthetics when indicated to aid function or when the health of the patient would be adversely affected.
- .2 The patient is responsible for all fees, costs and the care of the prosthetic, orthosis or mechanical device. The patient's mandatory minimum sentence,

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his or her ability to pay for the prosthesis and more cost effective alternatives shall be considerations when approving a prosthetic purchase.

- .3 Authorizations is required by the HCDA (Health Care Division Administrator) for recommended prosthetics, orthoses and mechanical devices in excess of two hundred dollars (\$200).
- .4 All outstanding medical cost obligations owed by the inmate shall be deducted from the inmate's account prior to the release of any account balance to the inmate.

4.0 PROCEDURES

- .1 Prostheses, orthoses or mechanical devices shall be searched during intake, including the removal of the device, if necessary. The Health Care Section (HCS) shall be notified immediately when a device is to be confiscated. A physician shall determine the medical necessity of the device. If deemed not medically necessary, it will be removed, recorded and managed as the inmate's property.
- .2 Provisions shall be made for an inmate to purchase and maintain an assistive device including corrective eyeglasses, hearing aids, dentures, artificial limbs, wheelchairs and orthopedic appliances when ordered by a treating State physician or dentist.
- .3 Any inmate with a physical disability or impairment may request an assistive device through the sick call process. The inmate shall be referred to the facility physician or dentist, who shall determine whether or not the requested device is medically necessary. Only devices deemed medically necessary shall be considered for use in the facility.
- .4 Approval from the HCDA is required prior to the purchase when the applicable provider fee and the cost of the prosthetic exceed two hundred dollars (\$200) and the inmate is using the health care payment plan to pay for the cost of the device. The facility health authority or designee is responsible for reviewing and approving purchases totaling less than two hundred dollars (\$200).
- .5 The patient's mandatory minimum sentence, ability to pay and the availability of cost effective alternatives shall be considered during the approval process.
- .6 When a payment plan is utilized for authorized purchases by inmates with insufficient funds; funds shall be withdrawn from the inmate's account whenever there is more than ten dollars (\$10) in the account. Use a joint

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fund. The inmate shall sign form DOC 0477, Prostheses Purchase Agreement authorize the withdrawal of funds to pay for the device.

- .7 Furloughed inmates require the collection of at least one-half the cost of applicable fees and the prosthetic at the time of the initial examination and measurement. Any purchase that will result in a balance in excess of \$200.00 requires the authorization of the HCDA. The balance shall be an agreed upon amount paid at regular intervals. Payment shall be made to the HCS by cashier's check or money order. The furloughed inmate shall sign Form DOC 0477-B Furlougee Prosthesis Purchase Agreement.
- .8 An inmate may refuse the purchase of a recommended prosthetic. A refusal of a prosthetic by an inmate shall be documented on form DOC 0417, Refusal to Consent to Medical/Dental Treatment/Medications.

5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

<i>Kay G. Bassma MD, MPH</i>	<i>12/22/08</i>
Medical Director	Date
<i>[Signature]</i>	<i>12/22/08</i>
Health Care Division Administrator	Date
<i>[Signature]</i>	<i>12/29/08</i>
Deputy Director for Corrections	Date

APPROVED:

Clayton A. France

Director

12/29/08

Date